**Memorandum to the Registrar** **Extension of Matriculation (EOM)**

***The following student has been approved to extend their period of study at The Cooper Union***

| **Student Information (Part 1):** | | | |
|---|---|---|---|
| Student **LAST** Name: | [PRINT CLEARLY] | | |
| Student **FIRST** Name: | [PRINT CLEARLY] | | |
| Student Major: | ☐ BSE ☐ CE ☐ ChE ☐ EE ☐ ME | Grade Level: | ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ Grad |
| Residential Address: | | | |
| Contact Information: | Email: | Phone: | |
| Are you an International Student? | ☐ Yes* ☐ No | *If yes, please have DSO sign: _____ Date: | |

| **Reason(s) for Extension (Part 2):** ☐ Medical ☐ Personal ☐ Work/Professional ☐ Other |
|---|
| |

| | | | |
|---|---|---|---|
| Length of Extension (# of semesters): | | Current GPA: | _____ / 4.0 |
| Anticipted Graduation Date with Extension: | □ Fall □ Spring □ Summer | Year: | |

**- - - STOP HERE: Please save file as is and email document to Betsy Quitugua in the Dean's Office. Betsy will take care of signatures. - - -**

| **Required Signatures (Part 3):** | | |
|---|---|---|
| Student Signature: | (Sign) | Date: |
| Advisor Signature: | (Print)<br>(Sign) | Date: |
| Dean Signature: | (Sign) | Date: |